

## Palatability Questionnaire

Name \_\_\_\_\_

Session \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Sample\_\_\_\_\_Overall evaluation. Place a mark in the box which you feel best describes how you like the product:

☐

Like  
extremely

☐

Like  
very much

☐

Like  
moderately

☐

Like  
slightly

☐

neither like  
nor dislike

☐

Dislike  
slightly

☐

Dislike  
moderately

☐

Dislike  
very much

☐

dislike  
extremely